

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report 7/23/2018

## Auditor Information

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Company Name: 3D PREA Auditing & Consulting, LLC	
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Telephone: 850-209-4878	Date of Facility Visit: June 13-15, 2018

## Agency Information

Name of Agency: Missouri Department of Corrections	Governing Authority or Parent Agency (If Applicable):		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address:	City, State, Zip:		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. Improving Lives for Safer Communities.			
Agency Website with PREA Information: <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>			

## Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

## Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: Missouri DOC PREA Coordinator, Office of Professional Standards (OPS)
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<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 5751-2389
<b>PREA Coordinator Reports to:</b> Matt Briesacher	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Tipton Correctional Center	
<b>Physical Address:</b> 619 North Osage Avenue, Tipton, Missouri 65081	
<b>Mailing Address (if different than above):</b>	
<b>Telephone Number:</b> 660-433-2031	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> Improving Lives for Safer Communities.	
<b>Facility Website with PREA Information:</b> <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>	

### Warden/Superintendent

<b>Name:</b> Daniel W. Redington	<b>Title:</b> Warden
<b>Email:</b> Daniel.Redington@doc.mo.gov	<b>Telephone:</b> 660-433-2031

### Facility PREA Compliance Manager

<b>Name:</b> Cybelle Webber	<b>Title:</b> Deputy Warden
<b>Email:</b> cybelle.webber@doc.mo.gov	<b>Telephone:</b> 660-433-2031

### Facility Health Service Administrator

<b>Name:</b> Beth Clad	<b>Title:</b> Health Service Administrator
<b>Email:</b> bethclad@corizonhealth.com	<b>Telephone:</b> 660-433-2031

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1254	<b>Current Population of Facility:</b> 1185
<b>Number of inmates admitted to facility during the past 12 months</b>	1410
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1410

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		11410	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-87	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		327 days	
Facility security level/inmate custody levels:		Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		333	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		78	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
<b>Physical Plant</b>			
Number of Buildings: 19		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		8	
Number of Segregation Cells (Administrative and Disciplinary):		50	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
TCC currently has 141 cameras supported by 3 DRVs. The cameras are placed strategically throughout the institution to ensure the safety and security of both offenders and staff			
<b>Medical</b>			
Type of Medical Facility:		Transitional Care Unit – no infirmary	
Forensic sexual assault medical exams are conducted at:		Facility by Corizon Health for offender-on-offender. University Hospital for staff-on-offender.	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		41	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		10	

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Tipton Correctional Center (TCC), Missouri Department of Corrections (MODOC) was conducted on June 13-15, 2018. This was the second PREA audit for this facility. The PREA Audit was coordinated through the MODOC and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the MODOC Office of Professional Standards (OPS) PREA Manager and the 3D President to schedule the assigned audit.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The entrance meeting was held with Warden, Deputy Warden/PREA Site Coordinator, Major, OPS Investigator and OPS PREA Manager and the PREA auditor. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and offenders. Areas visited during the tour included the main lobby, all offender housing areas including segregated housing, intake, administration, medical unit, all program areas, chair factory, commissary, inside and outside recreation, control room, warehouse, and supply. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to offenders. The notification of the PREA audit visit was documented as posted on May 3, 2018. A photograph of the posted notice was provided to the auditor.

TCC has 333 staff that may have contact with offenders. The security staff is assigned to three 8 hours shifts. The auditor conducted interviews with security, non-security, specialized staff, Warden, volunteer and contractors that included male and female staff. The Agency Head, Contract Monitor and PREA Manager interviews had previously been conducted by another DOJ certified PREA Auditor and were utilized as part of this audit. The auditors conducted 13 random sample staff interviews and 17 specialized and management staff interviews for a total of 30 staff interviews. Security staff were interviewed from all three shifts and included: Major, Captain, Lieutenant, Sergeant and Correctional Officers. All staff at TCC are trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit there were 1,185 offenders at TCC. Forty-one offenders were interviewed. Twenty offenders were randomly selected, and twenty-one offenders were in the targeted group. These included seven offenders who had physical disabilities, three offenders that self-identified as gay or bi-sexual, one offender who reported sexual abuse and ten offenders who reported sexual victimization during risk screening. The facility did not have any inmates who were; youthful offenders, LEP, transgender or offenders in protective custody for

any PREA related issue. One offender wrote three letters to the auditor and he was also interviewed. All inmates interviewed stated they felt generally safe, demonstrated a good understanding of PREA and reporting options.

The auditors examined a random sampling of personnel files, staff training files, and volunteer/contractor files that are maintained at the institution. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that all staff understood the PREA training received. The auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of the risk screenings performed. The auditor also observed the intake process.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were nine allegations of sexual abuse and two allegations of sexual harassment received in the past twelve months. There were seven alleged staff on offender sexual abuse/harassment investigations. The administrative findings of the alleged staff on offender allegations were five (5) unfounded, one (1) unsubstantiated, and 1 case is still open. Of the four (4) offender on offender allegations of sexual abuse/harassment; One (1) was unfounded, One (1) was unsubstantiated, One (1) was substantiated and one (1) remains open. There were no substantiated allegations that were referred for criminal prosecution.

When the on-site audit was completed, an exit meeting was held with the Warden and other management staff to discuss audit findings. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. All interviews and observations supported compliance. The facility staff was found to be cooperative and professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Warden and staff for their hard work, dedication and commitment to comply with PREA standards.

## Facility Characteristics

TCC was built in 1932 with a major expansion in 1996 and is a minimum security institution located in Tipton, Missouri that houses adult male offenders. The design capacity of the facility is 1,254 offenders. The facility has 11 living units which consist of both multiple occupancy cell housing unit and open bay dormitory style units. It has a 50 bed segregation unit. There are a total of 19 buildings on the grounds.

TCC provides programs for offenders that include: Adult Basic Education, Vocational Education, Upholstery Chair Factory, Restorative Justice, Community Service projects, Puppies for Parole, and Manufacturing Technology. In addition, TCC has over 100 work release positions with offenders assigned to crews that work along highways and at the State Fair grounds for surrounding cities.

## Summary of Audit Findings

**Number of Standards Exceeded:** 4

115.16, 115.17, 115.41 and 115.42

**Number of Standards Met:** 41

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

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## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MODOC Policy D1-8.13); Offender Handbook; Director's Office and Facility Organization Charts and duties of the PREA Manager and PREA Site Coordinator were reviewed and address all the requirements of this standard. TCC and MODOC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and bi-annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and offenders' awareness.

The Office of Professional Standards has a PREA Manager assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns. Each facility designates a PREA site coordinator (typically a Deputy Warden) who has sufficient time and authority to ensure the facility's compliance with the PREA standards. At TCC the PREA site coordinator is the Deputy Warden, and when interviewed demonstrated a very good understanding of her responsibilities and the overall PREA process. She takes a very proactive approach to ensure the facility complies with the PREA standards. She also provides PREA annual PREA training to all staff as part of the CORE training.

Based on review of policy, procedures, offender handbooks, education and orientation process, training curriculums and interviews with the PREA Manager, Warden, staff and offenders, observation of bulletin boards, posters and PREA, material during the tour of the facility, it was apparent that MODOC and TCC are committed to zero tolerance of sexual abuse and sexual harassment and meet the requirement of Standard 115.11.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Board of Probation and Parole Policy P4-6.1 and contracts with community confinement facilities under the authority of the Division of Probation and Parole were reviewed and meet the requirements of this standard. The contracts require that the contractors adopt and comply with PREA standards and compliance is monitored by the Agency.

Based on review of policies, documentation and interview with the PREA Manager, MODOC is compliant with Standard 115.12. TCC does not contract nor have any offenders confined with contract entities.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against

sexual abuse?  Yes  No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally Accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other

relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, PREA Yearly Staffing Report; Annual PREA Report and Staff Schedules were reviewed and meet the requirement of this standard. TCC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect offenders against sexual abuse. A copy of the staffing plan for 2018 was

provided for review by the auditor. The staffing plan addresses the items listed in section 115.13a. The facility's video monitoring is supported by 141 cameras positioned throughout the facility. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for adult male offenders. Both female and male staffs are assigned to each shift. The Warden confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required post. TCC currently has 30 vacant officer positions. Review of documentation provided indicated substantial amounts of voluntary and mandated overtime hours each month. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation noted.

The unannounced PREA rounds logs and unit logs confirmed that intermediate-level or higher-level supervisors conduct and document such visits throughout the institution. Employees are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Supervisors daily on all shifts.

The review of policies, logs and supporting documentation, as well as staff and offender interviews, confirm the facility's compliance with standard 115.13.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, TCC Standard Operating Procedures IS 05-3.1 Offender Housing Assignments (TCC IS/SOP 05-3.1); TCC Standard Operating Procedures IS 05-1.1 Diagnostic Center Reception and Orientation (TCC IS/SOP 05-1.1) and MODOC Statutes, Chapter 217, Section 217.345 were reviewed and address the requirements of this standard. TCC does not house youthful offenders.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No
- 

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS6-1.3 Offender Personal Appearance and Grooming (MODOC Policy IS6-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS20-1.3 Searches (MODOC Policy IS20-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS11-34.1 Health Assessment and/or Physical Examination at Reception (MODOC Policy IS11-34.1); Officer Post Orders and MODOC Lesson Plan on Institutional Searches; Training log of Staff Training were reviewed and address the requirements of this standard. The Agency and facility prohibit cross gender pat searches on female offenders and prohibits all cross gender visual body cavity searches or strip searches. TCC only houses male offenders. Individual shower stalls have appropriate shower curtains or doors and offenders can shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia. Prior to entry into the housing area of offenders, staff of opposite gender must announce their presence. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditor.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed such training. Staff provided the auditor with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Four transgender offenders were interviewed and they stated searches were completed appropriately. .

Based on policies, procedures documentation provided observations of showers, toilet areas and dressing areas and interviews with staff and offenders and the corrective action the facility took during and after the audit, TCC is compliant with Standard 115.15.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

## 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful Access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan for Special Needs; Translation Service Contract, TCC Coordinated Response Plan; PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages were reviewed and address the requirements of this standard. TCC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. TCC provides offenders with materials which are available in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serbo-Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Offenders who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of a offender's allegations. Four offenders identified as a having a physical or mental disability confirmed staff provided PREA educational material that they were able to understand. The

facility maintains a list of staff who speaks other languages than English. There were no LEP offenders at the facility during the on-site audit.

Based on review of policies and procedures; observation of posters placed in the facility, the extensive multiple language PREA material, availability of resources, staff training and interviews with random sample of staff and offenders, TCC exceeds the requirement of Standard 115.16.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D2-2.2 Background Investigations (MODOC Policy D2-2.2); Missouri Department of Corrections Department Procedural Manual, D2-2.8, Promotional Appointment (MODOC Policy D2-2.8); Missouri Department of Corrections Department Procedural Manual, D2-2.10 Re-employment Appointment (MODOC Policy D2-2.10); Missouri Department of Corrections Department Procedural Manual, D2-5.1 Maintenance of Employee Records (MODOC Policy D2-5.1); Missouri Department of Corrections Department Procedural Manual, D2-11.14 Annual Employment Requirement (MODOC Policy D2-11.14); Missouri Department of Corrections Department Procedural Manual, D2-13.1 Volunteers (MODOC Policy D2-11.14); Missouri Department of Corrections Department Procedural Manual, D2-13.2 Student Interns (MODOC Policy D2-13.2); PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment form were reviewed and meet the requirement for this standard.

Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually on the first day of the staff's birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or reside of the facility.

Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty.

Based on review of policies, documentation, forms, employee files; annual background check procedures and interview with Human Resource staff confirm that TCC exceeds the requirement for standard 115.17.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

TCC has not any substantial expansion or modification to their existing facility or installed or updated the video monitoring system since the last PREA audit. Missouri Department of Corrections Department Procedural Manual, D4-4.8 Security Camera Operation (MODOC Policy D4-4.8) was reviewed and addresses the requirement of this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member TCCCompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Missouri Department of Corrections Department Procedural Manual, D1-8.1 Office of Professional Standards (MODOC Policy D1-8.1); Missouri Department of Corrections Department Procedural Manual, D1-8.4 Institutional Investigations (MODOC Policy

D1-8.4); Missouri Department of Corrections Department Procedural Manual, D1-8.8 Evidence Collection Accountability and Disposal (MODOC Policy D1-8.8) were reviewed and meet the requirement of this standard. The MODOC OPS PREA Unit is responsible for all criminal and administrative investigations of offender on offender sexual abuse/harassment allegations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE for an offender-on-offender sexual assault and conducted at an outside facility for staff-on-offender sexual assault. The forensic exams are provided at no cost to the victim. The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented. The facility is required to have at least one qualified staff member that has been trained as an advocate. At TCC, the chaplain and two (2) Institution Activities Coordinators have received training provided through an agreement with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV). He is available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided

An interview was conducted with an investigator from the OPS PREA Unit who is responsible for responding to incidents of sexual abuse/sexual assault at the facility. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditor. The correspondence noted that the MODOC in accordance with Prison Rape Elimination Act, the Department must requests that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol.

Based on the review of policies, procedures, documentation and interviews with medical and mental health staff, the investigator and staff advocate, TCC is compliant with Standard 115.21.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and MODOC Policy D1-8.1 and the TCC Coordinated Response Plan protocol were reviewed and meet the requirement of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MODOC Directives requires

an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions of if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a staff related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment are entered into the COIN (Corrections Information Network) system within the MODOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

Based on the review of policies, procedures, investigative files and interviews with the PREA Manager and OPS investigator, TCC is compliant with Standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan for Basic PREA Training; MODOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms were reviewed and meet the requirement of this standard. PREA training addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to communicate effectively and professionally with offenders, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years. Additionally, training is provided to staff routinely through annual CORE training, emails and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Both formal and informal interviews with staff indicate that they are well trained in Sexual Assault Prevention and Response and their duties as first responders and the agency's zero tolerance policy on sexual abuse and sexual harassment. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditor team.

Based on a review of policies, procedures, employee training records, tracking program documentation, PREA employee training curriculum, informational card that outlines the first responder requirements and interviews with the Training Coordinator, PREA site Coordinator, random staff, specialized staff and management staff and observations and questions answered during the tour confirms TCC meets the requirements of standard 115.31.

## Standard 115.32: Volunteer and contractor training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13, D2-11.14 and D2-13.2; Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MODOC Lesson Plans Offender Work Release Procedure Training and Volunteers in Corrections Training, Training Acknowledgment Forms signed by Contractors and Volunteers, MODOC Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor were reviewed and address the requirements of this standard. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by written receipt of training received and understanding of such training. Volunteer and contractor training records were reviewed and indicated the training was acknowledged as being received and understood. Interviews with three contract staff and one volunteer confirm they have received and understand PREA training on their responsibilities.

Based on a review of policies, procedures, training curriculum, volunteer and contractor signed training acknowledgements as well as interviews with staff, contractors and volunteers confirm TCC is compliant with Standard 115.32.

## Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf?  Yes  No

- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; PREA Victim/Abuser Protocol; TCC Offender Handbook; Offender Orientation Sign-in Sheets; PREA Posters, Pamphlets and Speaking Up video were reviewed and address the requirements of this standard. TCC ensures all incoming offenders receive PREA information during the intake process. TCC ensures the intake screening process is conducted the day following the offender's arrival. During intake screening, offenders are provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. An orientation session is held on Friday of each week and the PREA video is shown, followed by a question and answer session. The PREA training is documented for each offender and maintained in the offender's file. Offenders sign acknowledgement forms indicating they received and understand the information. Interviews were conducted with 41 offenders confirmed they received PREA information during intake and attended orientation upon their arrival. Additionally, PREA information is posted in all housing and common areas and is

accessible to the offender population which provides offenders with a continuously and readily availability of PREA education resources. Each offender interviewed, reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews.

Based on review of policies, procedures, PREA education material and video in multiple languages and formats for those offenders who are LEP, deaf, visually impaired or limited in their reading skills, the intake and orientation process that ensures all offenders arriving at the facility receiving PREA information immediately and interviews with intake staff, case managers and offenders confirms that TCC meets the requirement of Standard 115.33.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)]  
 Yes    No    NA

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; MODOC Lesson Plan– Special Investigator Training; and Training Acknowledgement for Investigators were reviewed and meet the requirements of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MODOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the ten OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. An OPS Investigator articulated the training provided to all investigators during the interview process.

Based on review of policies, procedures and training records, and interviews with the OPS investigators, TCC is compliant with Standard 115.34.

### Standard 115.35: Specialized training: Medical and mental health care

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, TCC Standard Operating Procedures 05-2.3 Offender Internal Classification (TCC IS/SOP 05-2.3), PREA Specialized Training for Medical and Mental Health

curriculum; SANE/SAFE training curriculum were reviewed and meet the requirements of this standard. All staff who provide health care and/or mental health services, have participated in a specialized session entitled PREA for Medical and Mental Health Care. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditor confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse. Select staff has also received specialized 40 hour training on conducting forensic exams.

A review of policies, training lesson plans and records, as well as interviews with the Director of Nursing//SANE, medical and mental health staff, confirm the facility's compliance with this standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  
 Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-2.3 Offender Internal Classification (MODOC Policy IS5-2.3), TCC IS/SOP 05-2.13 and the Adult Internal Risk Assessment (AIRA) Manual and PREA AIRA Screening Form were reviewed and address the requirements of this standard. Policy stated the offender shall be assessed utilizing the AIRA Tool to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the offender's arrival at the facility. Reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. During interviews with Intake Staff and offenders, the initial screening is conducted within 24 hours of the offender's arrival. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to identified authorized staff only. The policy prohibits disciplining offenders for refusing to answer or for not disclosing complete information related to the screening questions.

Based on review of policies, procedures, forms and observation of the intake screening and assessment process which takes places within 24 hours after arrival as well as interviews with staff responsible for screening and offenders, TCC exceeds the requirements of Standard 115.41.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Policy IS5-2.3; MODOC Policy IS5-3.1; Missouri Department of Corrections Institutional Services Procedural Manual, IS18-1.1 Required Activities (MODOC Policy IS18-1.1) and reports from the Transgender Committee meeting were reviewed and address the requirements of this standard. TCC uses information from the risk assessment with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on the assessment offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). TCC's offender population is divided by zones. There are three zones offenders reside in, zone 2 houses kappa's, zone 3 houses sigma's and kappa's and zone 4 houses alphas and kappa's. Any specialty units that house both alphas and sigma's will separate the two by north and south side of the housing unit with the sigma's closest to the officer's desk/line of vision. Each zone eats together, goes to recreation together and goes to school together so alphas and sigma's intermingling is greatly reduced but not completely eliminated. With regard to employment Alphas are not employed in food service due to lack of staffing and an inability to maintain eyes on supervision at all

times, all other work assignments the supervisor is responsible for knowing the offenders classification score and maintaining supervision of the individuals they employ.

Offenders Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each offender. Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety is given consideration. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. TCC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. Eight LGBTI offenders were interviewed.

Based on review of policies and procedures; zone process and interviews with the Warden, PREA Coordinator and Case Manager, TCC exceeds the requirement of Standard 115.42.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation or protective custody for no longer than a 30 day period.

Based on review of policies, procedures, protocol, and interviews with the Warden, Major and staff supervising offenders in segregated housing TCC is compliant with Standard 115.43.

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D1-8.9; Employee Handbook; Offender Handbook; PREA Posters and Brochure; TCC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information was reviewed and address the requirements of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of The Offender Handbook during the intake process which advises them that they can contact any staff member or by calling the Department's confidential hotline to report sexual abuse or harassment internally. The hotline number was tested by the auditor and was found to be working. Additionally, there are posters throughout the facility which also inform the offenders of other reporting options. To report to an external organization, offenders can write the Missouri Department of Public Safety, Crimes Victims' Unit. Reports may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MODOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. TCC does not house offenders solely for civil immigration offenses. Per the Employee

Handbook, Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the staff tips hotline. Offenders interviewed indicated they were familiar with the various ways to report sexual abuse or harassment allegations. Interviews with random staff, random offenders and disabled offenders confirmed their knowledge of methods for offenders to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing to outside personnel. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MODOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations by the offenders is accessible to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Based on review of policies, procedures, Employee and Offender Handbooks, brochures and posters and interviews with random sample of staff and offenders TCC is compliant with Standard 115.51.

## Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D5-3.2 Offender Grievances (MODOC Policy D5-3.2 were reviewed and address the requirements of this standard. Offenders are informed of the grievance process during orientation. Offenders will not be required to use any informal grievance or complaint process. Offenders will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MODOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The Agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final

decision must be issued within 5 days. There were seven grievances filed at TCC in the last 12 months that alleged sexual harassment and zero alleged sexual abuse.

Based on review of policies and procedures; interview with the Warden and staff handling offender grievances; random selection of staff and offenders, TCC is compliant with standard 115.52.

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws?  Yes  No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policy D1-8.13; PREA advocacy brochure; Offender Handbook and MOU with Missouri Department of Public Safety Brochure were reviewed and address the requirements of this standard. Policies are in place and enforced to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of national victim advocacy or rape crisis organizations.

The facility provides this information in multiple ways to the offenders: during the educations process, in the PREA brochure, in the Offender Handbook, and on posters within the facility. Ensuring the alleged victim receives the advocacy brochure is part of the PREA response checklist. The facility enables reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of offenders they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse. The facility informs offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various emails. The agency continues to solicit community rape crisis organizations across the State that are willing to establish a partnership with the agency. In lieu of a local community victim advocate the facility has available three trained and qualified staff members available to provide emotional support services and counseling on and off the facility as needed.

Based on policies and procedures, availability of addresses and phone numbers to national sexual abuse agencies, documented ongoing attempts to seek agreement with local community agencies to provide offenders with a victim advocate, availability of a staff advocate and interviews with the Chaplain/Victim Advocate, Institution Activity Coordinator/Victim Advocate and offenders, TCC is compliant with Standard 115.53.

## **Standard 115.54: Third-party reporting**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, third party reporting posters and the MODOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and address the requirements of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the OPS PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at DOC.PREA@dc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA third party reporting brochures which is provided to offenders and posted throughout the facility. Interviews with staff and offenders confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

Based on review of policies, brochures, posters, MODOC website and interviews with staff and offenders, TCC is compliant with standard 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS11-32 Receiving Screening- Intake center (MODOC Policy IS11-32); Chapter 217 and 630 of the MODOC Revised Statutes and the TCC Coordinated Response Plan were reviewed and address the requirements of this standard. In accordance with policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report offender sexual abuse is a Class A Misdemeanor. All staff, volunteers, and

contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. According to interviews with the facility medical and mental health staff at the initiation of services to an offender they disclose the limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. TCC does not house any offenders under the age of 18.

Based on review of policies and procedures; interviews with the Warden, PREA Manager, medical and mental health staff and random sample of staff TCC is compliant with standard 115.61.

## Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Missouri State Statute Chapter 217.410 and the Involuntary Segregated Housing for Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and staff are trained to ensure that when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. Per interviews with the Warden and random sample of staff, when learning that an offender is subject to a substantial risk of imminent sexual abuse each case is evaluated by the facility based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; offender at risk or potential predator may be moved to another housing unit or transferred. If no other options are available offenders are placed in temporarily protective custody until other steps can be taken. During the past 12 months there were no times the facility determined that an offender was subject to a substantial risk of imminent sexual abuse.

Based on review of policies, procedures and interviews with the Warden and random sample of staff, TCC is compliant with Standard 115.62.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 was reviewed and addresses the requirement of this standard. MODOC policy require upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offenders sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager will document the notification made. TCC received zero allegations during the past 12 months of a sexual abuse that occurred at another MODOC facility. In the past 12 months, there were no allegations of sexual abuse that occurred at TCC received from other facilities.

Based on review of policies, documentation and interviews with the PREA Manager and Warden, TCC is compliant with Standard 115.63.

## Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan on Coordinated Response; and TCC Coordinated Response Protocol were reviewed and addresses the requirement of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were seven allegations of sexual abuse received at TCC. None of the allegation reported in the past 12 months were within a time frame that allowed for collection of physical evidence. A random selection of staff interviewed confirmed they are trained and could respond as a 1st responder if necessary. Policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Of the 7 allegations reported, the number of times a non-security staff was able to perform first responder duty was five and security staff were notified. The agency and the facility have further emphasized first responder duties by distributing pocket cards on sexual assault/harassment to include steps to take if a sexual assault occurs.

Based on a review of policies; procedures, training and interviews with Warden random sample of staff and informational pocket card that includes information about PREA and steps to take if a sexual abuse occurs, TCC is compliant with standard 115.64.

## Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; TCC Coordinated Response Protocol; PREA Allegation Notification Checklist and MODOC Lesson Plan for First Responders were reviewed and address the requirements of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, medical, mental health and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each is aware of their specific responsibilities under this plan.

Based on review of the policy, TCC Coordinated Response Protocol and interviews with the facility Warden and random staff confirms TCC meets the requirements of Standard 115.65.

## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D2-11.6 Labor Organizations and the Labor Agreement with the State of Missouri and the Missouri Correctional Officer Association were reviewed and address the requirements of this standard. Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy MODOC D1-8.13 and the MODOC PREA Assessment/Retaliation Status Checklist were reviewed and address the requirements of this standard. Eleven offenders reported an allegation of sexual harassment/abuse and were placed on retaliation monitoring in the past 12 months. TCC has not had any individual express fear of retaliation during the past 12 months. An interview with the Warden, Correctional Case Manager (CCM) and Functional Unit Manager (FUM) assigned to monitor offender retaliation confirmed awareness of policy and monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or offender would be conducted initially and every 30 days up to 90 days and longer if necessary. These meetings are documented. The policies and checklist provides multiple protective measures to ensure the safety of the offender that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or offender abuser from contract with the alleged victim, and emotional support services for offenders or staff who fear retaliation. Staff monitors an offender's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff.

Based on the review of policies, procedures completed monitoring checklists and interviews with the Warden, CCM and FUM, TCC is compliant with standard 115.67.

#### Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to Administrative segregation Protective custody for no longer than a 30 day period.

TCC has placed zero offenders who made allegations of sexual abuse in involuntary segregated housing in the past twelve months.

Based on review of policies, procedures, protocol, Directive from the Warden and interviews with the Warden, and staff supervising offenders in segregated housing TCC is compliant with Standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.1; D1-8.13, Investigator training records and Investigative Files were reviewed and address the requirements of this standard. The MODOC ensures all allegations of sexual abuse or sexual harassment are investigated. The OPS PREA Unit is responsible for all criminal and administrative investigations of offender on offender sexual abuse/harassment

allegations and all administrative investigations of staff on offender sexual abuse/harassment allegations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed.

Investigations of allegations of sexual abuse and sexual harassment, are done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; the credibility of an alleged victim, suspect, or witness are assessed on an individual basis and shall not be determined by the person's status as offender or staff; the Agency does not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; substantiated allegations of conduct that appears to be criminal are referred for prosecution; when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interview only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator interviewed reported they investigate immediately and they judge the credibility of an alleged victim, suspect, or witness based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigator reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were no substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since the last PREA audit.

MODOC uses investigators: who have received special training in sexual abuse investigations pursuant to Standard 115.34; gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator; and departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation

The Investigative file contains copies of all the witness statements, documents, reports and other evidence. Policies are in place to ensure investigations: 1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The agency retains all written reports referenced above for 90 years. In the past twelve months, TCC reported eleven allegations of sexual abuse/harassment were received and all resulted in a PREA investigations. There were no substantiated allegations that appeared to be criminal that were referred for prosecution.

Based on review of policies, procedures, training records and lesson plans, investigative files and interviews with Warden, PREA Manager and OPS Investigator, TCC is compliant with Standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In Accordance with MODOC Policy D1-8.13 and interview with the OPS Investigator, the OPS Investigative Unit does not impose a standard greater than the preponderance of evidence.

## Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; closed Investigation files and the offender notification form were reviewed and meet the requirements of this standard. The OPS PREA Unit has a process in place to notify the offender upon close out of the investigation as to whether the allegation was determined to be finding of substantiated, unsubstantiated, or unfounded. All notifications are in writing, documented and signed by the offender. In the event that the investigation was conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. For all sexual abuse investigations completed in the last 12 months, the offenders were notified in writing of the results.

Based on review of policy, procedures, investigative files and interviews with Warden and OPS Investigator TCC is compliant with standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D2-11.10 Staff Conduct were reviewed and meet the requirement of this standard. The Policies address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MODOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. TCC has had zero incidents of employee resignation for issues of sexual abuse or sexual harassment in the past twelve months. Staff interviews revealed an awareness of the Agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment.

Based on review of policies, forms and files; interviews with PREA Coordinator and Warden, TCC is compliant with Standard 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D2-13.1 were reviewed and meet the requirements of this standard. MODOC has a zero tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one volunteer and two contractors, all were aware of the policies as outlined. TCC reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of an offender since the past twelve months.

Based on review of policies, procedures, training curriculum and interviews with Warden, volunteer and contractors, TCC is in compliance with Standard 115.77.

### Standard 115.78: Disciplinary sanctions for inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits?  Yes  No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and IS19-1.1 were reviewed and meet the requirements of this standard. The policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the act of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be unfounded, will not receive discipline for making the report. In the past twelve months, TCC has had one substantiated incident of offenders on offender sexual abuse. TCC offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Based on review of policies and procedures and interviews with the Warden, Major, Medical and Mental Health staff confirms TCC is compliant with Standard 115.78.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13; IS11-32 and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place to offer all offenders that disclosed any prior sexual victimization or previously perpetrated sexual abuse a follow-up meeting with a medical or mental health staff within 14 days of intake. In the past 12 months, 100% of the offenders who disclosed prior victimization were offered a follow-up meeting with medical or mental health care staff. Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health

staff maintain secondary material documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. The auditor reviewed offender files in medical and mental health and found documentation of all meetings per policy. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Informed consent is obtained before reporting information about prior sexual victimization that did not occur in an institutional setting. TCC does not house any offenders under the age of 18.

Based on review of policies, procedures, forms and files and interviews with the director of Nursing and medical and mental health staff, TCC is compliant with Standard 115.81.

## **Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment?  
 Yes  No

### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate?  Yes  No

### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, TCC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and address the requirement of this standard. . Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

In the past 12 months there were 9 allegations of offenders that were victims of sexual abuse. Referrals to Mental Health were made in all cases. The auditor reviewed closed investigative file and offender files in medical and mental health and found documentation per policy. Interviews with security and non-security staff found they carry a card with instructions on being a first responder and are very prepared to act as a first responder if required. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on review of policies, procedures, forms and files and interviews with the Warden, HSA, security staff and medical and mental health staff, TCC is compliant with Standard 115.82.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; TCC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place and enforced to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This is an all-male facility and services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and , when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical and mental health services offered at the facility are consistent with community level of care. Offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Policies are in place and enforced to ensure the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Based on review of policies, procedures, forms and files and interviews with the HAS, medical and mental health staff confirms TCC is compliant with Standard 115.83.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and completed PREA Sexual Abuse Debriefing reports were reviewed and meet the requirement of this standard. MODOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. The review team includes upper-level management

officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. Interview with the Warden indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. There were two sexual abuse allegation investigations completed in the past 12 months that required an Incident Review. A form has been developed to capture the review and any recommendations of the review team and includes documentation as to reasons for not enforcing the recommendations.

Based on review of policies, procedures, Incident review reports and interviews with Warden and Incident Review Team Members, TCC is compliant with Standard 115.86.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### **115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy Directive D1-8.13; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, were reviewed and meet the requirements of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the COIN system. The TCC does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility’s current year’s data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year’s data, corrective actions and an assessment of the department’s progress in addressing offender sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MODOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency’s website.

Based on the interviews with the Warden, PREA Manager and review of the Annual Reports and Surveys of Sexual Victimization, TCC is compliant with Standard 115.87.

**Standard 115.88: Data review for corrective action**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes    No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes    No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer or designee PREA Manager or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Manager indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MODOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Based on review of policies, procedures, agency website and annual reports, as well as interviews with the Warden and PREA Manager, TCC is compliant with Standard 115.88.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; PREA Annual Report and the Agency's PREA Website were reviewed and meet the requirement of this standard. MODOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MODOC data is retained for at least 90 years and is secured by

Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MODOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the Agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

Based on review of policies, procedures, agency website, the Annual Report and interview with the PREA Manager, TCC is compliant with Standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditor was given Access to and an opportunity to tour and visit all areas of the facility. The auditor was given Access to tour the full facility. The auditor was provided with offices that ensured privacy in conducting interviews with offenders and staff during the site visit. Notice of PREA audit was posted on May 3, 2018. Interview with random offenders stated they have seen posting. No offenders contacted the auditor prior to or after the audit. MODOC meets the requirement of this standard. While the auditor was tour the facility several offenders approached the auditor and asked questions. MODOC meets the requirement of this standard.

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was

published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The MODOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MODOC is composed of 22 Adult Institutions, 7 Community Supervision Centers, and 1 Transition Center. A review of the website found the Final PREA Audit Reports for 42 of MODOC facilities between the years of 2014 – 2018. There were 3 facilities audited in 2018, 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was May 29, 2018, well within the 90-day requirement. MODOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

David Andraska

July 23, 2018

**Auditor Signature**

**Date**